


**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90031 008 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # S36492</b>			
1. Entity Name <b>WORLD TRADITIONAL TANG SOO DO FEDERATION, INC.</b>			
Principal Place of Business <b>1806 GREENLAWN ST BRANDON, FL 33511</b>		Mailing Address <b>1806 GREENLAWN ST BRANDON, FL 33511</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KIM, JAE J.</b> <b>1806 GREENLAWN ST</b> <b>BRANDON, FL 33511</b>		Name <b>KUM S KIM</b> Street Address (P.O. Box Number is Not Acceptable) <b>524 Wilbur Street</b> City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Kum S. Kim</i></u> DATE <b>4/5/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>KUM, KIM S</b> <b>1806 GREENLAWN ST</b> <b>BRANDON, FL 33511</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIM, KUM S.</b> <b>1806 GREENLAWN ST</b> <b>BRANDON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>KIM, ERIC M.</b> <b>1806 GREENLAWN ST</b> <b>BRANDON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KIM, MYONG N.</b> <b>1806 GREENLAWN ST</b> <b>BRANDON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>KIM, SAUL M.</b> <b>1806 GREENLAWN ST</b> <b>BRANDON, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Saul Kim</i></u>		<b>SAUL KIM</b> Date <b>4/29/08</b> Daytime Phone # <b>813 416-9444</b>	

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01102008    Chg-P    CR2E034 (12/06)

4. FEI Number **59-3192368**      Applied For  Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

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